

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN FRESNO COUNTY NEAR HURON FROM 0.1 MILE WEST TO 0.1 MILE EAST OF CALIFORNIA AQUEDUCT BRIDGE

In District 06 On Route 198 Under

Notice to Bidders and Special Provisions dated August 1, 2016

Standard Specifications dated 2010

Project plans approved March 14, 2016

Standard Plans dated 2010

Applicable to

Electronic *Bid* book dated August 1, 2016 Identified by Contract No. 06-0M2504 06-Fre-198-35.3/35.6 Project ID 0612000096

Federal-Aid Project ACNHP-P198(070)E

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT:						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTRA	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION ¹ :	TOTAL NUMBER OF AL	L SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRAC	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE SU	D DESCRIPTION OF JBCONTRACTED OR BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating						\$
shown for the specific an	nount agreed to.				Total Claimed Participation	
The names of the 1st tier			oe consistent with the			%
Subcontractor List (Pub of ¹ Each DBE prime contral performed by DBEs, included the subcontractor of the subcon	ctor must enter its certif	ication number and sh	ow all work to be		er acknowledges that it is commi own on this form to meet the con	tted to use the
² If 100% of an item is not the item to be performed		nished by the DBE, des	scribe the exact portion of			
³ Use Work Category Cod	des from the California (Unified Certification Pro	ogram database.	Sig	gnature of Bidder	
				Da	te (Ar	rea Code) Tel. No.
				_		
				Pe	rson to Contact (Ple	ase Type or Print)
				<u> </u>		

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

Contract no.:				
Name of DBE business:				
Name of DBE representative	ž:			
DBE certification number:				
Name of bidder:				
Name of prime contractor if	different from the bidder:			
Name of representative of b	idder or prime contractor:			
Date:				
Bid item number	Item of work and description of services to be subcontract	racted or materials to be provided ¹ Amount (\$)		
-				
418.1000				
portion of the item to be pe	be performed or furnished by the DBE, describe the exact rformed or furnished.	Total		
		enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract	dder or prime contractor to perform	
		I certify under penalty of perjury th	at the foregoing is true and correct.	
		Signature of DBE's authorized	representative:	
		Printed name of DBE's author	ized representative:	
		Title of DBE's authorized repre	esentative:	
		Date:		

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CTATE OF CALIFORNIA .	DEPARTMENT OF TRANSPORTATION
STATE OF CALIFORNIA *	DEFAR INIENT OF TRANSPORTATION

DBE GOOD FAITH EFFORTS DOCUMENTATION

DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

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List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

| Contract | Contract

Item of Work Offered, Services Offered, or Materials Supplied	Perform	Normally ms Item s/No	Facilitate I	en Down to Participation s/No	for Performan Sche	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	□NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	□ NO	YES	□ NO		
	YES	Пио	YES	NO	YES	NO		
	YES	Пио	YES	NO	YES	NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	NO	YES	NO		
	YES	Пио	YES	NO	YES	NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ №		
	YES	Пио	YES	□ №	YES	□NO		
	YES	Пио	YES	NO	YES	NO		
	YES	NO	YES	□ NO	YES	□NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	Пио	YES	NO		

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Bidder's Name	e:	
Contract No.:		

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					nclude the items of work offered a n copies of solicitations. e-mail ma		
Name of DB	E Solicited	Date of Init	tial Solicitation	ltems o	f Wark Offered	Follow Up Me	thods and Dates
	vided quotes, the	e price quote for ea	ch firm, and the price	difference for each DB	specific to the items of work being E if the selected firm is not a DBE ract.		
Items of Work	Provide Specifications	ed Plans/ for Work Offered ss/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES	□NO					
	YES	ОИ					
	YES	Ои					
	YES	Пио					
	YES	Пио					
	YES	Пио					
	YES	Пио					
	YES	□NO					
	YES	□NO					
If the firm selected for the Provide evidence as to v					nd attach names, addresses, and	phone numbers for the	firms listed above.

Bidder's Name:	
Contract No.: _	

DRE GOOD FAITH EFFOR	CISDOCUMENTATION		
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Describe the Bidder's outreach efforts to ide documents.	ntify and solicit the interest of all certified DBE	s that have the capability to perform the work o	f the Contract. Provide copies of supporting
Description of Outreach	Dates	Location (if applicable)	Results
5. Describe the Bidder's efforts made to provid responding to a solicitation. Identify the DBEs			
Describe the Bidder's efforts made to assist dates. Provide copies of supporting documents		credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the
7. Describe the Bidder's efforts made to assist equipment the DBE purchases or leases from documents. List efforts made to assist interest excluding supplies and equipment the DBE sul Provide copies of supporting documents.	the prime contractor or its affiliate. Identify the ed DBEs in obtaining bonding, lines of credit, in	DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,
8. List the names of agencies and the dates or provide copies of supporting documents.	which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,
9. Include additional data to support a demons	tration of good faith afforts		
o. morade additional data to support a demons	auton or good interestation.		
NOTE: LISE ADDITIONAL SHEETS OF PAPE	D IE NECESSADV		

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